

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10633664 FILING DATE

APPLICANT(S)

	CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1									51	
2									52	
3									53	
4									54	
5	1	1							55	
6		1							56	
7									57	
8									58	
9									59	
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41									91	
42									92	
43									93	
44									94	
45									95	
46									96	
47									97	
48									98	
49									99	
50									100	
TOTAL IND.	2								TOTAL IND.	
TOTAL DEP.	3								TOTAL DEP.	
TOTAL CLAIMS	5								TOTAL CLAIMS	